



011204

17707 U.S. PTO

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

Application No.: **To be assigned**
Filing Date: **Concurrently herewith**
Attorney Docket No.: **US20020201**
Inventor Name(s): **Richard R. Blake et al.**
Title: **MOBILE APPLIANCE LIFT TOOL**

Express Mail Label No. **EV 118531695 US**17302 U.S. PTO
10/755547

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APPLICATION ELEMENTS**ADDRESS TO:**

Mail Stop Patent Application
Commissioner for Patents
Alexandria, VA 22313-1450

- ☒ Fee Transmittal Form
☒ Patent Application data Entry Form
☒ Specification comprising **(38)** pages, **(41)** claims.
☒ Drawings **(Fourteen)** **(14)** sheets
☒ Partially Signed Declaration and Power of Attorney

ACCOMPANYING APPLICATION PARTS


- ☐ Assignment Papers (cover sheet and document(s))
☐ Information Disclosure Statement (IDS)/PTO-1449
☐ Copies of IDS citations
☐ Preliminary Amendment
☒ Return Receipt Postcard
☐ Other:

IF A CONTINUING APPLICATION

☐ Non-Provisional of Provisional ☐ Continuation ☐ Divisional ☒ Continuation-in-Part (CIP) of
prior application No: **10/145,509 Filed: May 14, 2002**

CORRESPONDENCE ADDRESS

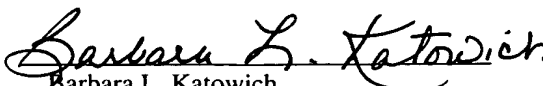
Name	WHIRLPOOL PATENTS COMPANY – MD 0750				
Address	500 Renaissance Drive Suite 102				
City	St. Joseph	State	Michigan	Zip Code	49085
County	Berrien	Telephone	269-923-5470	Fax	269-923-5778

Name	STEPHEN KREFMAN	Registration No.	Date 1-12-04
Signature		28,631	01/12/03

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as Express Mail in an envelope addressed to the: Commissioner for Patents, Alexandria, VA 22313-1450.

Date: January 12, 2004


Barbara L. Katowich

FEE TRANSMITTAL FORM

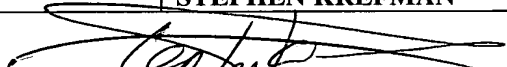
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 Attorney Docket No.: US20020201

Total Amount of Payment **\$1,148.00**

CLAIMS AS FILED - PART I			OTHER THAN SMALL ENTITY		
	Number Filed		Number Extra	Rate	Fee
Basic Fee	1		0	\$770.00	\$770.00
Total Claims	41	-20	21	x \$18 =	\$378.00
Independent Claims	3	-3	0	x \$86=	0
TOTAL FEE =					\$1,148.00

CLAIMS AS AMENDED - PART II						
AMENDMENT A	Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra	Rate	Additional Fee
Total		Minus	20		\$18	
Independent Claims		Minus			\$86	
TOTAL FEE =						\$

AMENDMENT B	Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra	Rate	Additional Fee
Total		Minus	20	0	\$18	0
Independent Claims		Minus	3	0	\$86	0
TOTAL FEE =						0

SUBMITTED BY:			
Name	STEPHEN KREFMAN		Registration No. 28,631
Signature			Date:

Charge Deposit Account No. 23-1660 in the amount of **\$1,148.00**

The commissioner is hereby authorized to charge any additional fees which may be required or to credit any overpayment to account 23-1660.